

State of Colorado Energy & Carbon Management Commission



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FOR OGCC USE ONLY

Document Number:

403617285

Date Received:

12/07/2023

SOURCE OF PRODUCED WATER FOR DISPOSAL

Per Rule 325.c(5), this form shall be submitted for any new disposal facility and for any change in source of produced water for an existing disposal facility.

OPERATOR INFORMATION

OGCC Operator Number: 10690 Contact Name and Telephone: Brent Bongers
Name of Operator: IMPETRO RESOURCES LLC Name: Brent Bongers
Address: 558 CASTLE PINES PKWY UNIT B-4 Phone: (316) 935-5633 Fax: ()
City: CASTLE PINES State: CO Zip: 80108 Email: bbongers@impetroresources.com

DISPOSAL FACILITY INFORMATION

UIC Facility ID: 150116 Operator's Disposal Facility Name: JONES-DUPREE 9 Operator's Disposal Facility Number:
Location: QtrQtr: NWNE Sec: 26 Twp: 3S Range: 51W Meridian: 6
County: WASHINGTON

SUBMITTED ITEM SUMMARY TOTALS:

Submitted: 7 Deleted: 0 Added: 7

SOURCE OF PRODUCED WATER

Table with 4 rows of source information. Each row includes 'Add Source' and 'Delete Source' options, API Number, Well Name & No, Operator Name, Operator No, Location (QtrQtr, Section, Township, Range, Meridian), Producing Formation, Analysis Attached?, Transported to disposal site via (Pipeline, Truck, Both), and TDS (mg/L).

Add Source	API Number: <u>05-121-10487-00</u>	Well Name & No: <u>JONES 33-26</u>
<input checked="" type="checkbox"/>	Operator Name: <u>IMPETRO RESOURCES LLC</u>	Operator No: <u>10690</u>
Delete Source	Location: QtrQtr: <u>NWSE</u> Section: <u>26</u> Township: <u>3S</u> Range: <u>51W</u> Meridian: <u>6</u>	
<input type="checkbox"/>	Producing Formation: <u>JSND</u> Analysis Attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Transported to disposal site via <input checked="" type="checkbox"/> Pipeline <input type="checkbox"/> Truck <input type="checkbox"/> Both	TDS: _____ mg/L

Add Source	API Number: <u>05-121-10881-00</u>	Well Name & No: <u>JONES 34-26</u>
<input checked="" type="checkbox"/>	Operator Name: <u>IMPETRO RESOURCES LLC</u>	Operator No: <u>10690</u>
Delete Source	Location: QtrQtr: <u>NWSE</u> Section: <u>26</u> Township: <u>3S</u> Range: <u>51W</u> Meridian: <u>6</u>	
<input type="checkbox"/>	Producing Formation: <u>JSND</u> Analysis Attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Transported to disposal site via <input checked="" type="checkbox"/> Pipeline <input type="checkbox"/> Truck <input type="checkbox"/> Both	TDS: _____ mg/L

Add Source	API Number: <u>05-121-11020-00</u>	Well Name & No: <u>Jones Dupree 32-26A</u>
<input checked="" type="checkbox"/>	Operator Name: <u>IMPETRO RESOURCES LLC</u>	Operator No: <u>10690</u>
Delete Source	Location: QtrQtr: <u>SWNE</u> Section: <u>26</u> Township: <u>3S</u> Range: <u>51W</u> Meridian: <u>6</u>	
<input type="checkbox"/>	Producing Formation: <u>JSND</u> Analysis Attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Transported to disposal site via <input checked="" type="checkbox"/> Pipeline <input type="checkbox"/> Truck <input type="checkbox"/> Both	TDS: _____ mg/L

I hereby certify that the statements made in this form are, to the best of my knowledge, true, correct, and complete.

Print Name: Amber Barnett Signed: _____
 Title: Compliance Specialist Date: 12/07/2023

ECMC Approved:  Date: 03/19/2024

CONDITIONS OF APPROVAL, IF ANY:

COA Type	Description
0 COA	

Attachment List

Att Doc Num	Name
403617285	FORM 26 SUBMITTED
403617290	Source of Produced Water Import

Total Attach: 2 Files

General Comments

User Group	Comment	Comment Date
		Stamp Upon Approval

Total: 0 comment(s)